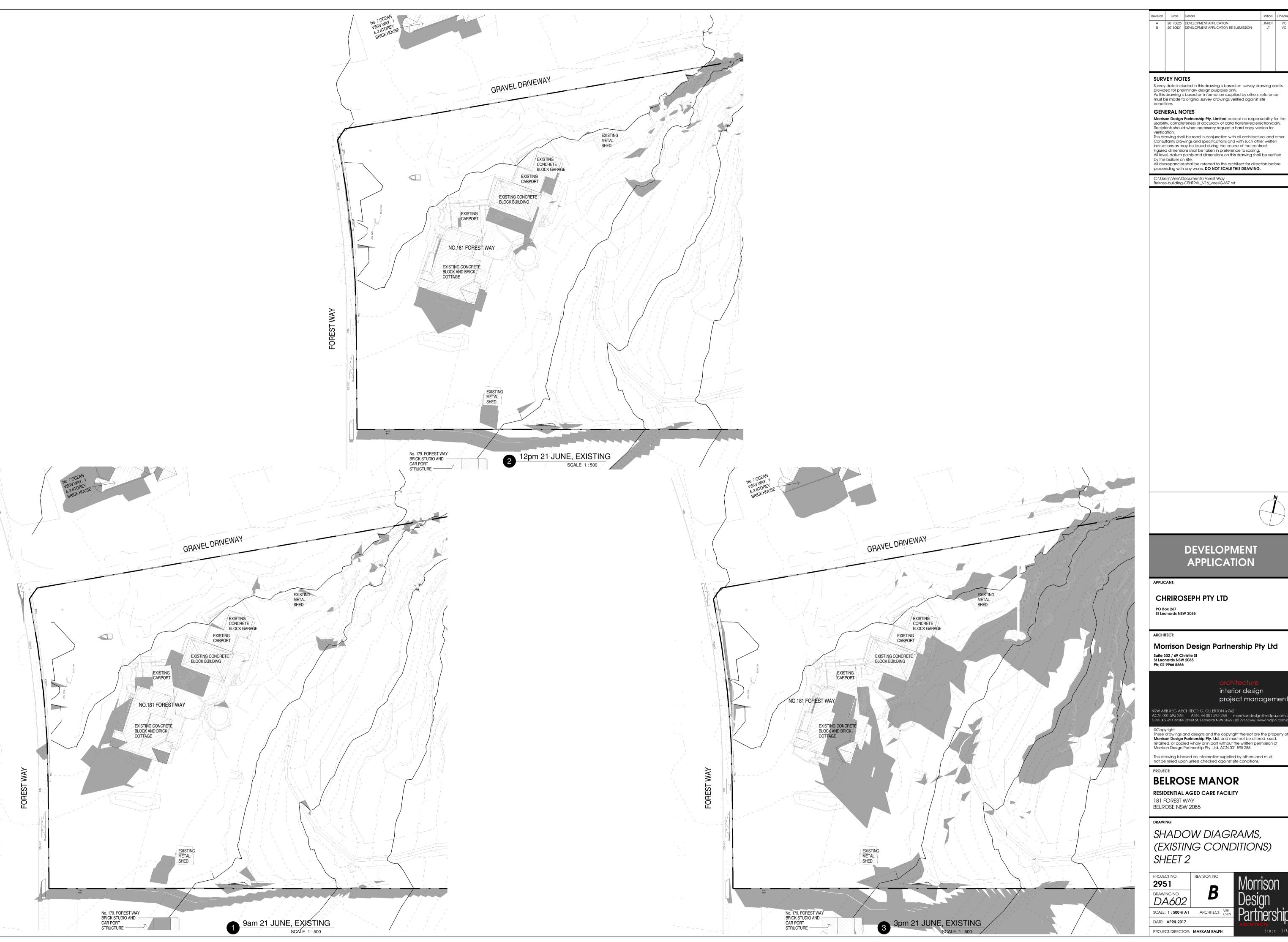


CERTIFICATION OF SHADOW DIAGRAMS

MADE UNDER THE WARRINGAH LOCAL ENVIRONMENTAL PLAN 2000 OR 2001

Contact Us				Office Use Only												
The General Manager, 725 Pittwater Road, Dee Why NSW 2099 or Customer Service Centre, Northern Beaches Council DX9118 Dee Why																
Email	council@warringah.nsw	v.gov.au														
Fax	9942 2606															
If you need help lodging your application call Customer Service on (02) 9942 2111 or come in and talk to us at the Civic Centre, Dee Why.																
Part 1: Decla	ration															
1. DECLARA	TION															
I hereby certify	that the shadow diagram	s submitted wit	h the proposa	l at												
Address																
For the erection of Description of development																
Drawn to tru Indicate sha	ce with the survey (prepar ue north udow cast by the proposal the shadow cast by existin	at 9am, noon, 3	pm, 21 June						applica	ation						
Part 2: Certif	cation															
2. CERTIFIE	₹															
Title		Mr	Mrs	Ms	Othe	er										
Full family nar	ne (no initials) (or Company)															
Full given names (no initials) (or A.C.N)																
Phone				Alterna	te											
Mobile					Fax											
Qualification Technician, Surveyo	(i.e. Architect, Planner, Computer r)															
Part 3: Signa	ture															
3. APPLICAN	T(S) SIGNATURE															
Signature		Vel	.Clin													
Date																





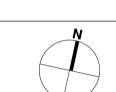
Survey data included in this drawing is based on survey drawing and is provided for preliminary design purposes only.

As this drawing is based on information supplied by others, reference must be made to original survey drawings verified against site conditions.

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verification.
This drawing shall be read in conjunction with all architectural and other Consultants drawings and specifications and with such other written instructions as may be issued during the course of the contract.
Figured dimensions shall be taken in preference to scaling.
All level, datum points and dimensions on this drawing shall be verified by the builder on site.
All discrepancies shall be referred to the architect for direction before proceeding with any works. DO NOT SCALE THIS DRAWING.

C:\Users\Vee\Documents\Forest Way Belrose-building-CENTRAL_V16_veeKGAS7.rvt



DEVELOPMENT **APPLICATION**

CHRIROSEPH PTY LTD

PO Box 267 St Leonards NSW 2065

Morrison Design Partnership Pty Ltd

interior design project management

NSW ARB REG ARCHITECT: G. OLLERTON #7621 ACN: 001 595 268 ABN: 44 001 595 268 morrrisondesign@mdp; Suite 302 69 Christie Street St. Leonards NSW 2065 | 02 99665566 | www.mdp

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BELROSE MANOR

RESIDENTIAL AGED CARE FACILITY

SHADOW DIAGRAMS, (EXISTING CONDITIONS)

REVISION NO.

SCALE: 1:500@A1 ARCHITECT:

PROJECT DIRECTOR: MARKAM RALPH